

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>8969</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>4</u> / <u>1</u> / <u>2004</u>
3 Name and address of person filing Name <u>Takashi</u> <u>Yoshimura</u> P O Box, Bldg, Room No, if any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>	4 Name, file number, and address of labor organization. Name <u>Bricklayers AFL-CIO, Local Union #1</u> Labor Organization File Number <u>025-992</u> P O Box, Building and Room Number, if any _____ Street <u>2251 North School Street</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96819</u>
5 Position in labor organization. <u>Recording secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions)		
Signed <u>Takashi Yoshimura</u>	On <u>8/9/05</u> Date	_____ Telephone Number

**File Number U-**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**12 b Amount.**

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing **Takashi Yoshimura**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8 Name and address of Business (including trade name, if any)**Name **Masons Health and Welfare Trust Fund**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **2251 North School Street**City **Honolulu**State **Hawaii** ZIP Code + 4 **96819****9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9 b or 9 c. is checked give trust or employer's name**

Name

Trade Name, if any

P.O. Box, Bldg , Room No., if any

Street

City

State ZIP Code + 4

**11.a. Nature of such dealing.**

Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan - meeting expense

**11 b Approximate dollar value of such dealing****\$22****12 a Nature of interest held or income received.****12 b Amount**

Name of Person Filing **Takashi Yoshimura**

File Number U-

**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any)**Name **Masons Pension Trust Fund**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**City **Honolulu**State **Hawaii** ZIP Code + 4 **96819****9 Business deals with**☒ a. Labor Organization☐ b. Trust☐ c. Employer**10 If 9 b. or 9 c. is checked give trust or employer's name**

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

**11 a Nature of such dealing****Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan - meeting expense****11 b. Approximate dollar value of such dealing****\$35****12.a. Nature of Interest held or Income received.****12 b. Amount.**

Name of Person Filing **Takashi Yoshimura**

File Number U-

**Part B Continuation Page**

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8. Name and address of Business (including trade name, if any).**

Name **Hawaii Masons & Plasterers Annuity Trust Fund**

Trade Name, if any

P O Box, Bldg , Room No , if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

**9 Business deals with**

☒ a Labor Organization

☐ b. Trust

☐ c. Employer

**10 If 9 b. or 9 c. is checked give trust or employer's name**

Name

Trade Name, if any

P O. Box, Bldg , Room No., if any

Street

City

State ZIP Code + 4

**11 a. Nature of such dealing**

**Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan - meeting expense**

**11 b. Approximate dollar value of such dealing**

**\$9**

**12 a. Nature of interest held or income received.**

**12 b. Amount**

**LEMKE, CHINEN & TANAKA, C.P.A., INC.**  
CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A.  
THOMAS M. H. PARK, C.P.A.  
PAUL H. ASANO, C.P.A.  
EDWIN K. NITTA, C.P.A.  
TERRY A. TAKAKI, C.P.A.

210 WARD AVE, SUITE 336  
HONOLULU, HAWAII 96814-4012  
TELEPHONE (808) 533-6254

DATE: August 11, 2005

CERTIFIED 7002 0460 0002 3584 8656

TO. U. S. Dept. of Labor  
ESA/OLMS Room N-5616  
200 Constitution Ave., NW  
Washington, DC 20210-0001

<u>NAME</u>	<u>FORM</u>	<u>AMOUNT</u>	<u>CHECK</u>
Yoshimura, Takashi Bricklayers AFL-CIO Local Union #1	LM-30 1/1/04 – 4/1/04 Period Covered	None	None

**Please Receipt and Return One Copy**

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